## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State P01000021108 DOCUMENT # 03-22-2002 90029 024 \*\*\*150.00 CLEAN AND MAINTENANCE GROUP, INC. Principal Place of Business Mailing Address 152! WEST ERNEST STREET 1521 WEST ERNEST STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Süite, Apt. #, etc. Suite, Apt. #, etc. -Applied For City & State 4. FEI Number City & State ---59-371:04/8 Not Applicable Country \$8.75 Additional Ζp Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONSUELO ALFONSO BETANCOURT, DIEGO Street Address (P.O. Box Number is Not Acceptable) 1521 WEST ERNEST STREET 1521 WEST ERNEST STREET KISSIMMEE FL 34741 A CONTROL City KISSIMMEE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \_ 🗅 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) ☐ Addition ☐ Change Delete TITI F ALFONZO, CONSUELO MAME CR2E034 1521 WEST ERNEST STREET STREET ADORESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP • 🔲 Addition ☐ Delete TITLE ☐ Change TITLE NAVA. FRANCISCO NAME MALIF STREET ADDRESS 1521 WEST ERNEST STREET STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP TIME - - ri 17: ☐ Change ☐ Delete NAME : ASS NAME STREET ADDRESS STREET ADDRESS 18. Tab CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP.-☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change of □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIPC 13:1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAMES SIGNING OFFICER OR DIRECTOR

SIGNATURE: - Co

FILED

3/2

111/02

321-697-0082

Davime Phone #